

Plan Year 2017 Benefits

Supplemental Shopper's Guide

July 1, 2016 – June 30, 2017

Special Enrollment Period ends July 15, 2016



JOIN PEIA!



All Plan Changes Due 7/15/16

Notice to PEIA Enrollees Concerning Election for Plan Exemption from Certain Federal Requirements

Group health plans sponsored by state and local governmental employers must generally comply with federal law requirements in the title XXVII of the Public Health Service Act. However, these employers are permitted to elect to exempt a plan from the requirements listed below for any part of the plan that is “self-funded” by the employer, rather than provided through a health insurance policy. PEIA has elected to exempt the PEIA PPB Plans from item two of the following requirements:

1. Protection against limiting hospital stays in connection with the birth of a child to less than 48 hours for a vaginal delivery, and 96 hours for a cesarean section.
2. Protections against having benefits for mental health and substance-use disorders be subject to more restrictions than apply to medical and surgical benefits covered by the plan.
3. Certain requirements to provide benefits for breast reconstruction after a mastectomy.
4. Continued coverage for up to one year for a dependent child who is covered as a dependent under the plan solely based on student status, who takes a medically necessary leave of absence from a postsecondary educational institution.

The exemption from these federal requirements will be in effect for the 2017 plan year, beginning July 1, 2016 and ending June 30, 2017. The election may be renewed for subsequent plan years.

Supplemental Shopper’s Guide

This Shopper’s Guide is a supplement to the Shopper’s Guide you received in April. It shows the benefit and premium changes as a result of the additional funding in the 2017 budget. For expediency, we have printed only the essential information that changed from the previous guide. Please refer to the previous guide for terms, life insurance information, Medicare benefit information, etc.

The Fine Print

This Shopper’s Guide is not intended to be a formal statement of benefits. It is designed to provide general information about the available plans. It is intended to be a first step in helping you choose the most appropriate health benefit plan for you and your family. Actual benefits may be more specific and, on occasion, may change during the plan year.

Questions about particular benefits, limitations, costs, providers, or restrictions, should be directed to the individual plans for answers. If you enroll in a managed care plan, the plan you select will send you an “evidence of coverage” booklet with more complete details of your benefits.

PEIA cannot guarantee the quality of services offered by the various plans, so please gather information and make your decision carefully. Before enrolling, assure yourself that the plan you choose offers a level of care and convenience with which you and your family will feel comfortable.

Also be aware that the continuing participation of managed care network providers is not guaranteed throughout the Plan Year. If a provider chooses to withdraw from a managed care network, the member may be required to receive services from another participating provider.

We have tried to ensure that the information in this booklet is accurate. If, however, a conflict arises between this Guide and any formal plan documents, laws or rules governing the plans, the latter will necessarily control.

Table of Contents

Special Enrollment Period Instructions.....	iii
What's Important NOW?.....	4
Managed Care Plan's Service Area.....	5
Regional Facility Fee Limits	8
Benefits At-A-Glance	9
Monthly Premiums: Employee Only.....	22
Monthly Premiums: Employee and Child(ren)	23
Monthly Premiums: Family.....	24
Monthly Premiums: Family with Employee Spouse	25
Non-State Agencies: PEIA PPB Plans	26
Deputy Sheriffs Early Retiree Premiums (ages 50-55).....	26
State-funded Elected Officials' Premiums.....	27
Non-Medicare PEIA PPB Plan Premiums.....	28
Non-Medicare Retiree Managed Care Premiums	29
Mountaineer Flexible Benefits Instructions & Special Enrollment Form.....	31
Special Enrollment Transfer Form and Instructions.....	34

Special Enrollment Period Instructions

This Special Enrollment Period is for health benefits only. If you wish to change plans, follow the instructions below. If you do not wish to change plans, no action is required.

1. Read through "What's Important NOW" to get a quick overview of the changes.
2. Review the side-by-side comparison of the plans in the "Benefits At-A-Glance" charts.
3. If you live out of state, remember you must live in one of the counties listed on page 5 to enroll in The Health Plan.
4. Check the premium table for your employer type (State agency, county board of education, non-State agency, retiree, etc.) and for the type of coverage you have (employee only, family, etc.) to find the premium for the plan you want.
5. If you want to change health plans, complete the Transfer Form at the back of this Shopper's Guide. Make any changes or plan selections you wish and return it to your benefit coordinator no later than the close of business on July 15, 2016.

What's Important NOW?

PEIA PPB Plans

Join PEIA on Facebook and Twitter to get the latest information about your benefits. Just type PEIA.

Benefit Changes

Health Premium Increases for Members All policyholders will see premium increases for health coverage this year. Check the premium charts on pages 22-30 for details.

The Living Will Discount will be discontinued. PEIA will no longer offer the Advance Directive/Living Will discount, although you are still encouraged to have an Advance Directive/Living Will and to discuss your wishes with your family and your physician.

New Pharmacy Benefit Manager. PEIA will change Pharmacy Benefit Managers from Express Scripts to CVS Caremark on July 1, 2016. CVS Caremark is a pharmacy benefit management company providing pharmacy benefit management to millions of covered lives nationwide. Although CVS Caremark is affiliated with CVS Pharmacy, PEIA members are not required to use CVS pharmacies. CVS Caremark's network includes all of the major chain pharmacies and most local pharmacies. Any PEIA member whose current pharmacy will not be in the CVS Caremark network will receive notification and a list of in-network alternative pharmacies in advance of the change on July 1. The change to CVS Caremark will also bring changes to the Preferred Drug List. Most affected members have been notified. If you have questions about CVS Caremark's Preferred Drug List, check PEIA's website at www.wvpeia.com or call CVS Caremark at **1-844-260-5894**.

Active Employee and Non-Medicare Retiree Plan Changes:

Only the following benefit changes will affect State, Non-State and Non-Medicare Retiree members and their enrolled dependents beginning July 1, 2016. Other benefit changes listed in the previous version of the 2017 Shopper's Guide will not be implemented.

1. Urgent Care copay increases to \$50 for PEIA PPB Plans A, B and D.
2. For Comprehensive Care Partnership (CCP) Program members, ANY non-CCP office visit now requires the \$40 specialist office visit copay.
3. The Face-2-Face Diabetes Program will be limited to two years. Current F2F members will be permitted two more years of services starting July 1, 2016, as long as they continue to meet the other requirements of the plan.
4. Out-of-state, non-network services are no longer covered in any of the PEIA PPB Plans. Patients will be responsible for 100% of billed charges from non-network providers outside West Virginia, except in a medical emergency or when approved in advance by HealthSmart. PEIA PPB Plan members who reside more than one county outside of West Virginia may use in-network providers where they live without prior approval from HealthSmart, as long as PEIA has been notified of your residential address.
5. Facility- fee limits for select facility-based services. If the member chooses an out-of-state facility that charges more than the PEIA facility fee limit, the member will be responsible for the difference between PEIA's payment and the facility's charge. See page 8 for details.
6. Additional emergency room copay of \$500 for high-risk behaviors, such as
 - Accidents while driving motorcycle or UTV/ATV without a helmet
 - DUI/DWI or drug -related accidents
 - Failure to wear seatbelt(s)
7. Opioid pain medications will have quantity limits (QL) for all medications in the opioid class. Additional quantities require Prior Authorization.

The Health Plan HMOs and PPO

- The Health Plan will continue to offer three plan designs. HMO Plan A, HMO Plan B and a PPO
- There are benefit/copay changes effective July 1, 2016. Please review this Shopper's Guide for a complete listing of benefits or call The Health Plan at 888.847.7902, visit our website www.healthplan.org or attend a benefits fair near you.
- The deductible on Plan A will be: \$300/\$600; Plan B \$600/\$1200.
- The Out-of-Pocket Maximum will be \$6850/\$13,700 on all three Plan options and will include all medical out-of-pocket costs, including the deductible and all prescription drug copays.
- There will be a limit on the amount of coinsurance you can pay during the Plan Year. The amount will be \$4000/\$8000 on Plan A and Plan B and the PPO's IN-network coinsurance maximum will also be \$4000/\$8000.
- Plan A, Plan B and the PPO will all have \$10 PCP copayments.
- In Network coinsurance on the PPO will be 20% on most benefits.
- Ambulance copay will be \$75 on all three Plan options.
- The Emergency Room copay will be \$250 on all three Plan options.
- Outpatient Mental Health and Substance Abuse copay will be \$10 on all three Plan options.
- The Generic ONLY retail copay on Plan B will be \$10 and the 90 day Mail Order benefit on Plan B will be \$20
- New Benefit: Healthiest You (Telemedicine Benefit) Free Benefit - \$0 copay
- New Benefit: CoreWellness (healthy lifestyles) Free Benefit
- This is not a complete listing of changes. Please refer to the Shoppers Guide or your Health Plan Schedule of Benefits for a complete listing of benefits.

Managed Care Plan's Service Area

The PEIA PPB Plans and The Health Plan HMOs are available in all counties in West Virginia. The list below shows the Health Plan HMO's service area for Maryland, Ohio and Pennsylvania:

MARYLAND	OHIO	PENNSYLVANIA	
Garrett	Athens Belmont Columbiana Gallia Harrison Hocking Jackson Jefferson Lawrence Licking	Meigs Monroe Morgan Muskingum Noble Perry Trumbull Vinton Washington	Beaver Fayette Greene Washington

Eligibility Rules

This section offers general information about eligibility that you may need during the Special Enrollment period. For complete eligibility details, please refer to your PEIA Summary Plan Description. It's on the web at www.wvpeia.com.

Current Members: Current enrollees in any PEIA-sponsored managed care plan or the PEIA PPB Plan or PEIA-sponsored life insurance only (no health insurance), may join any plan for which they qualify during this Special Enrollment Period.

Eligible Non-Members: An employee or non-Medicare retiree who is eligible for benefits may enroll in any health plan for which they qualify during this Special Enrollment Period.

Eligible Dependents: You and your enrolled dependents must all live in the service area of a plan (if the plan has a service area) to be eligible to enroll for that plan's benefits. The only exception to this rule is made for full-time students living out of the service area. You may enroll the following dependents:

- your legal spouse (remember, if you divorce, you must remove your ex-spouse from your health and life insurance plans immediately. An ex-spouse is NOT eligible for coverage under the plan.);
- your biological children, adopted children, or stepchildren under age 26; or
- other children for whom you are the court-appointed guardian to age 18.

Two public employees who are married to each other, and who are both eligible for benefits under PEIA may elect to enroll as "Family with Employee Spouse" in any plan, as "Employee Only" and "Employee and Child(ren)" in the same or different plans, or as "Employee Only" in the same or different plans if there are no children to cover. You may both be policyholders in the same plan, but only one may enroll the children. All children must be enrolled under the same policyholder, and a child may not be enrolled for health coverage as both a policyholder (as a public employee in his or her own right) and as a dependent child. To qualify for the Family with Employee Spouse premium, both employees MUST have basic life insurance.

Retiring Employees: If you are considering retiring during the plan year, your choice this enrollment will be an important one. At the time of retirement you may drop dependents from your coverage (if you so choose), or you may drop health coverage completely, but you may not change plans during the plan year unless you move outside a managed care plan's service area or unless you'll be eligible for Medicare – age 65 or disabled – in which case you will be provided PEIA's Medicare benefit.

Mid-Year Plan Changes: The only time you can change plans during the plan year is if you move out of the service area of your plan so that accessing care is unreasonable. Since the PEIA PPB Plans A, B and C have an unlimited service area, you will not be permitted to transfer out of them during the plan year, even if you move. PEIA PPB Plan D is available only to WV residents, so if you are enrolled in Plan D and move out of state during a plan year, you will be required to change plans.

Physician Withdrawal From A Plan: If you're in a HMO and your PCP withdraws from the plan, you must choose another PCP. A physician's departure does not qualify you to change plans. Although most networks are stable, a physician can choose to withdraw from any plan at any time with 60 days' notice, so you need to be aware of that possibility when you make your selection.

Death: If a death occurs during a plan year, to continue coverage, the survivors must remain in the plan they were enrolled in at the time of the death for the balance of the plan year. Survivors can only change plans during the plan year if the affected dependents move out of the service area of the plan so that accessing care is unreasonable. Surviving dependent children may continue coverage, but are subject to the same age limitations as any other dependent children in the plan. Surviving spouses may continue coverage as long as they do not remarry; if remarriage occurs, it must be reported to PEIA, and surviving spouse coverage will be terminated.

Divorce: If a divorce occurs, the ex-spouse and any affected stepchildren must be removed immediately from your health and life insurance plans. If a court requires you to continue coverage on those former dependents, you must find coverage through COBRA or from an insurer other than PEIA.

Terminated Coverage: If your coverage terminates due to loss of employment or cancellation of coverage, you MUST cease using your medical ID card. Any claims incurred after the termination date will be the responsibility of the person incurring the claims, and may be considered fraud.

Special Enrollment: If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within the month of or the two months following the date you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within the month of or the two months following the marriage, birth, adoption or placement for adoption by contacting your benefit coordinator or calling **1-888-680-7342**. You also may go online at www.wvpeia.com, click on the green "Manage My Benefits" button to log in and enroll a dependent.

Eligibility Audits: From time to time PEIA may conduct eligibility audits to verify that policyholders and dependents in the plan qualify for coverage. If you are audited, you will have to produce documentation for the dependents in question. If you cannot prove that the dependent qualifies for coverage, coverage will be terminated retroactively to the date the dependent would otherwise have been terminated, and PEIA will pursue reimbursement of any medical or prescription drug claims paid during the time the dependent was ineligible.

Tobacco-free Premium Discount: PEIA offers a premium discount on PEIA PPB Plans A, B, C and D, The Health Plan, the Special Medicare Plan, the Medicare Advantage and Prescription Drug (MAPD) plan, and optional life insurance to active and retired policyholders who verify through a tobacco affidavit that all enrolled family members are tobacco-free. Tobacco-free plan members subtract \$25 from the premium for employee-only coverage or \$50 from the employee/child, family or family with employee spouse premium. To qualify for the Tobacco-free Preferred Premium for all of Plan Year 2017, you and all enrolled family members must have been tobacco-free by January 1, 2016. If your doctor certifies on a form provided by the PEIA, that it is unreasonably difficult due to a medical condition for you to become tobacco-free or it is medically inadvisable for you to become tobacco free, PEIA will work with you for an alternative way to qualify for the tobacco-free discount. Send all such doctors' certifications and requests for alternative ways to receive the discount to: **PEIA Discount Alternatives, 601 57th St., SE, Suite 2, Charleston, WV 25304-2345.**

Regional Facility Fee Limits

PEIA is implementing regional Facility Fee Limits for certain outpatient procedures when performed outside West Virginia. Procedures included in this program appear below. If you are having one of these procedures, consult Health-care Blue Book for information about which providers fall within the limits. If you use an out-of-state facility that charges more than the Facility Fee Limit, you will be responsible for any amount billed that is above the limit. This is in addition to any deductible, copay or coinsurance you are responsible for. Additionally, the amount in excess of the facility fee limit is not applied to your out-of-pocket maximum. The facility fee limit applies to the amount billed by the facility only. Physician and anesthesiologists charges will be paid as usual.

PROCEDURE	FACILITY FEE LIMIT
Colonoscopy (no biopsy)	\$880
Colonoscopy (with biopsy)	\$880
Upper Gastrointestinal Endoscopy (no biopsy)	\$830
Upper Gastrointestinal Endoscopy (with biopsy)	\$830
Transthoracic Echocardiogram (TTE)	\$500
Heart Perfusion Imaging	\$1,400
Sleep Study	\$960
Cataract Surgery	\$1960
Cholecystectomy (laparoscopic)	\$4,200
Complex Ear Drum Repair	\$4,200
Ear Tube Placement (Tympanostomy)	\$2,110
Hernia Repair - Laparoscopic (inguinal, umbilical or ventral)	\$6,080
Hernia Repair (inguinal, umbilical or ventral)	\$3,000
Lithotripsy	\$3,850
Nasal Septum Repair	\$4,130
Tonsillectomy	\$2,160
Breast Biopsy (with stereotactic or ultrasound guidance)	\$1,300
Excise Lesions (laparoscopic)	\$4,200
Hysteroscopy (lesion removal and tubal ligation)	\$4,420
Hysteroscopy (with biopsy)	\$2,100
Laparoscopic Hysterectomy	\$4,200
Vaginal Hysterectomy	\$4,420
Anterior Cruciate Ligament Knee Surgery (ACL)	\$8,520
Carpal Tunnel Surgery	\$1,540
Knee Arthroscopy	\$2,450
Rotator Cuff Repair (non-arthroscopic)	\$7,460
Spinal Fusion (lumbar)	\$14,750
Brain MRI (with and without contrast)	\$550
Arm CT (no contrast)	\$145
Knee MRI (with contrast)	\$475
Neck CT (with and without contrast)	\$320
CT Angiography of Head or Neck	\$325
Leg MRI (no contrast)	\$330
Hip MRI (with and without contrast)	\$550
Brain CT (no contrast)	\$145
Leg CT (with contrast)	\$280
Spine CT (with and without contrast)	\$320
Spine MRI (with contrast)	\$475
Abdominal CT (no contrast)	\$145
Face and Jaw CT (with contrast)	\$280
Elbow MRI (no contrast)	\$330
Shoulder MRI (with and without contrast)	\$550
Chest CT (with contrast)	\$280

Benefits At-A-Glance

Please note: In the Benefits At-A Glance charts for PEIA PPB Plans A & B:

- “In WV” means in West Virginia and the contiguous counties of surrounding states, or out-of-state with approval from HealthSmart.
- OOSNA means Out of State not approved by HealthSmart.

Benefit Description	Health Plan HMO Plan A	Health Plan HMO Plan B	Health Plan PPO (In & out of network)	PEIA PPB Plans In-Network	PEIA PPB Plans A & B	PEIA PPB Plans Out-of-Network	PEIA PPB Plan C Out-of-Network	PEIA PPB Plan D WV-Only Plan
Annual deductible	\$300 Individual \$600 Family Goes toward out-of-pocket maximum	\$600 Individual \$1,200 Family Goes toward out-of-pocket maximum	In: \$750/\$1,500 Out: \$1,500/\$3,000 Goes toward out-of-pocket maximum	Varies by salary and employer type. (See premium charts.)	Twice the in-network deductible.	\$1,300 employee only/\$2,600 family combined medical/prescription deductible; services on the Preventive Care List covered without deductible	\$1,300 employee only/\$2,600 family combined medical/prescription deductible; services on the Preventive Care List covered without deductible	Varies by salary and employer type (See premium charts.)
Annual out-of-pocket maximum	Single - \$6,850 Two person -\$13,700 Family - \$13,700 Includes Rx copays.	Single - \$6,850 Two person -\$13,700 Family - \$13,700 Includes Rx copays.	Single - \$6,850 Two person -\$13,700 Family - \$13,700 OUT: Single - \$10,000 Two person -\$20,000 Family - \$20,000 Includes Rx copays.	Varies by salary, employer type, and coverage tier. (See premium charts.)	Twice the in-network deductible.	\$2,500 employee only, \$5,000 employee and child(ren), family, or family with employee spouse (This is a combined medical and prescription out-of-pocket maximum.)	None. You will always pay 20% coinsurance. There is no out-of-pocket maximum for out-of-network services.	Varies by salary, employer type, and coverage tier (See premium charts.)
PHYSICIAN SERVICES								
Adult routine physical examination	Covered in full per health care reform	Covered in full per health care reform	In: covered in full Out: 40% coinsurance after deductible OOSNA: 2x deductible + 40%	NOT COVERED	Covered in full	PEIA pays 100% of PEIA's fee schedule. You pay any amount that exceeds PEIA's fee schedule.	Covered in full	Covered in full

Benefit Description	Health Plan HMO Plan A	Health Plan HMO Plan B	Health Plan PPO (in & out of network)	PEIA PPB Plans A & B	PEIA PPB Plans Out-of-Network	PEIA PPB Plans In-Network	PEIA PPB Plan C	PEIA PPB Plan D WV-Only Plan
Diagnostic x-ray, lab and testing	20% coinsurance after deductible	25% coinsurance after deductible	In: Deductible + 20% Out: Deductible + 40%	In WV: deductible + 20% Out: Deductible + OOSNA: 2x deductible + 40%	NOT COVERED except in an emergency or if approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%
Mammograms, Pap smears, and prostate cancer screenings	Covered in full per health care reform	Covered in full per health care reform	In: routine covered in full Out: Deductible +40%	Covered in full OOSNA: 2x deductible + 40%	NOT COVERED	Covered in full	PEIA pays 100% of PEIA's fee schedule. You pay any amount that exceeds PEIA's fee schedule.	Covered in full
Physician inpatient visits	\$100 copay + 15% coinsurance after deductible	\$100 copay + 20% coinsurance after deductible	In: \$100 copay + deductible +20% Out: Deductible + 40%	Deductible + 20% OOSNA: 2x deductible + 40%	NOT COVERED except in an emergency or if approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%
Physician office visits - primary care	\$10 copay/visit; deductible waived	\$10 copay/visit; deductible waived	In: \$10 copay/visit; deductible waived Out: Deductible + 40%	\$20 copay/visit only OOSNA: 2x deductible + 40%	NOT COVERED unless approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	\$20 copay office visit only
Physician office visits - specialty care	\$40 copay/visit; deductible waived	\$40 copay/visit; deductible waived	In: \$40 copay/visit; deductible waived Out: Deductible + 40%	\$40 copay/visit only OOSNA: 2x deductible + 40%	NOT COVERED unless approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	\$40 copay office visit only
Prenatal care	\$40 copay (initial visit only); deductible waived	\$40 copay (initial visit only); deductible waived	In: \$40 copay initial visit only; deductible waived Out: Deductible + 40%	Covered in full after deductible OOSNA: 2x deductible + 40%	NOT COVERED unless approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Covered in full after deductible

Benefit Description	Health Plan HMO Plan A	Health Plan HMO Plan B	Health Plan PPO (in & out of network)	PEIA PPB Plans A & B	PEIA PPB Plans Out-of-Network	PEIA PPB Plans In-Network	PEIA PPB Plan C	PEIA PPB Plan D WV-Only Plan
Second surgical opinion	\$40 copay/visit; deductible waived	\$40 copay/visit; deductible waived	In: \$40 copay/visit; deductible waived Out: Deductible + 40%	\$40 copay office visit only OOSNA: 2x deductible + 40%	NOT COVERED unless approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	\$40 copay office visit only
Voluntary sterilization	Men 30% coinsurance after deductible; women covered in full per health care reform	Men 30% coinsurance after deductible; women covered in full per health care reform	In: male Deductible + 20% Out: Deductible + 40% In: female covered in full. Out: Deductible + 40%	Deductible + 20% for men; women covered in full per health care reform OOSNA: 2x deductible + 40%	NOT COVERED unless approved in advance by HealthSmart.	Deductible + 20% for men; women covered in full per health care reform	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20% for men; women covered in full per health care reform
Well child exams	Covered in full per health care reform	Covered in full per health care reform	In: covered in full Out: Deductible + 40%	Covered in full OOSNA: 2x deductible + 40%	NOT COVERED unless approved in advance by HealthSmart.	Covered in full	PEIA pays 100% of PEIA's fee schedule. You pay any amount that exceeds PEIA's fee schedule.	Covered in full
Well child immunizations (birth through 21)	Covered in full per health care reform	Covered in full per health care reform	In: covered in full Out: Deductible + 40%	Covered in full OOSNA: 2x deductible + 40%	NOT COVERED unless approved in advance by HealthSmart.	Covered in full	PEIA pays 100% of PEIA's fee schedule. You pay any amount that exceeds PEIA's fee schedule.	Covered in full
INPATIENT SERVICES								
Semi-private room; ancillaries; therapy services, x-ray, lab, surgical services, and general nursing care	\$100 copay + 15% coinsurance after deductible	\$100 copay + 20% coinsurance after deductible	In: \$100 copay + deductible + 20% Out: Deductible + 40%	In WV: \$100 copay + deductible + 20% OOSNA: \$600 copay + 2x deductible + 40%	NOT COVERED except in an emergency or if approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	\$100 copay + deductible + 20%

Benefit Description	Health Plan HMO Plan A	Health Plan HMO Plan B	Health Plan PPO (in & out of network)	PEIA PPB Plans A & B	PEIA PPB Plans In-Network	PEIA PPB Plan C Out-of-Network	PEIA PPB Plan C	PEIA PPB Plan D WV-Only Plan
Inpatient occupational, physical, or speech therapy*	15% coinsurance after deductible	25% coinsurance after deductible	In: Deductible + 20% Out: Deductible + 40%	In WV: \$100 copay + deductible + 20% OOSNA: \$600 copay + 2x deductible + 40%	NOT COVERED unless approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	\$100 copay + deductible + 20%
Maternity care (delivery)	\$100 copay + 15% coinsurance after deductible	\$100 copay + 20% coinsurance after deductible	In: \$100 copay + deductible + 20% Out: Deductible + 40%	In WV: \$100 copay + deductible + 20% OOSNA: \$600 copay + 2x deductible + 40%	NOT COVERED except in an emergency or if approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	\$100 copay + deductible + 20%
Rehabilitation*	Covered in full days 1-30; 20% days 31+ after deductible	Covered in full days 1-30; 25% days 31+ after deductible	In: \$0 days 1-30, deductible +20% / days 31+ Out: Deductible + 40%	In WV: \$100 copay + deductible + 20% OOSNA: \$600 copay + 2x deductible + 40%	NOT COVERED unless approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	\$100 copay + deductible + 20%
Skilled Nursing*	\$35 copayment/day after deductible	\$35 copayment/day after deductible	In: Deductible + \$35 copay/day Out: Deductible + 40%	In WV: \$100 copay + deductible + 20% OOSNA: \$600 copay + 2x deductible + 40%	NOT COVERED unless approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	\$100 copay + deductible + 20%
HOSPITAL OUTPATIENT SERVICES								
Ambulatory/ outpatient surgery	\$100 copay + 15% coinsurance after deductible	\$100 copay + 20% coinsurance after deductible	In: \$100 copay + deductible + 20% Out: Deductible + 40%	In WV: \$100 copay + deductible + 20% OOSNA: \$600 copay + 2x deductible + 40%†	NOT COVERED except in an emergency or if approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	\$100 + deductible + 20%

* At least one plan has a limit on this benefit. Check with the plans for specific coverage limitations.

† Members living in West Virginia or in a contiguous county of a surrounding state also must pay a \$25 copay for each service if received outside of West Virginia.

You also can view your benefits in the Summary of Benefits and Coverage at www.wvpeia.com. Call **1-877-676-5573**

Benefit Description	Health Plan HMO Plan A	Health Plan HMO Plan B	Health Plan PPO (in & out of network)	PEIA PPB Plans A & B	PEIA PPB Plans A & B	PEIA PPB Plan C In-Network	PEIA PPB Plan C Out-of-Network	PEIA PPB Plan C	PEIA PPB Plan D WV-Only Plan
Pre-admission testing, diagnostic x-ray and lab	20% coinsurance after deductible	25% coinsurance after deductible	In: Deductible + 20% Out: Deductible + 40%	In WV: deductible + 20% OOSNA: 2x deductible + 40%	NOT COVERED except in an emergency or if approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%	
Advanced Imaging services: CT Scans, MRA, MRI	20% coinsurance after deductible	25% coinsurance after deductible	In: Deductible + 20% Out: Deductible + 40%	In WV: deductible + 20% OOSNA: \$100 copay + 2x deductible + 40% [†]	NOT COVERED except in an emergency or if approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%	
MENTAL HEALTH & CHEMICAL DEPENDENCY SERVICES									
Outpatient chemical dependency*	\$10 copay/visit; deductible waived	\$10 copay/visit; deductible waived	\$10 copay/visit; deductible waived Out: Deductible + 40%	In WV: deductible + 20% OOSNA: 2x deductible + 40%	NOT COVERED unless approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%	
Outpatient mental health*	\$10 copay/visit; deductible waived	\$10 copay/visit; deductible waived	\$10 copay/visit; deductible waived Out: Deductible + 40%	In WV: deductible + 20% OOSNA: 2x deductible + 40%	NOT COVERED unless approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%	
Inpatient chemical dependency (including partial hospitalization)*	\$100 copay + 15% coinsurance/ admission after deductible	\$100 copay + 20% coinsurance/ admission after deductible	In: \$100 copay + deductible + 20% Out: Deductible + 40%	In WV: \$100 copay + deductible + 20% OOSNA: \$600 copay + 2x deductible + 40%	NOT COVERED except in an emergency or if approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	\$100 copay + deductible + 20%	

* At least one plan has a limit on this benefit. Check with the plans for specific coverage limitations.

† Members living in West Virginia or in a contiguous county of a surrounding state also must pay a \$25 copay for each service if received outside of West Virginia.

You also can view your benefits in the Summary of Benefits and Coverage at www.wvpeia.com. Call **1-877-676-5573**

Benefit Description	Health Plan HMO Plan A	Health Plan HMO Plan B	Health Plan PPO (in & out of network)	PEIA PPB Plans A & B	PEIA PPB Plans A & B	PEIA PPB Plan C In-Network	PEIA PPB Plan C Out-of-Network	PEIA PPB Plan D WV-Only Plan
Inpatient detoxification*	\$100 copay + 15% coinsurance/ admission after deductible	\$100 copay + 20% coinsurance/ admission after deductible	In: \$100 copay + deductible + 20% Out: Deductible + 40%	In WV: \$100 copay + deductible + 20% OOSNA: \$600 copay + 2x deductible + 40%	NOT COVERED except in an emergency or if approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	\$100 copay + deductible + 20%
Inpatient mental health (including partial hospitalization)*	\$100 copay + 15% coinsurance/ admission after deductible	\$100 copay + 20% coinsurance/ admission after deductible	In: \$100 copay + deductible + 20% Out: Deductible + 40%	In WV: \$100 copay + deductible + 20% OOSNA: \$600 copay + 2x deductible + 40%	NOT COVERED except in an emergency or if approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	\$100 copay + deductible + 20%
OUTPATIENT THERAPIES								
Chiropractic*	\$40 copay/visit; deductible waived	\$40 copay/visit; deductible waived	\$40 copay/visit; deductible waived	In: \$40 copay/visit; deductible waived Out: Deductible + 40%	NOT COVERED unless approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	First 20 visits: \$10 copay + deductible + 20%.
Occupational therapy*	Visits 1-20: \$40 copay/visit. Visits 21+: 50% coinsurance/visit after deductible	Visits 1-20: \$40 copay/visit. Visits 21+: 50% coinsurance/visit after deductible	Visits 1-20: \$40 copay/visit. Visits 21+: 50% coinsurance/visit after deductible	In WV: First 20 visits: \$10 copay + deductible + 20%. Visits over 20, if precertified: \$25 copay + deductible + 20% coinsurance OOSNA: copays shown above + 2x deductible + 40%	NOT COVERED unless approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	First 20 visits: \$10 copay + deductible + 20%.
								Visits over 20, if precertified: \$25 copay + deductible + 20% coinsurance
								First 20 visits: \$10 copay + deductible + 20%.
								Visits over 20, if precertified: \$25 copay + deductible + 20% coinsurance

* At least one plan has a limit on this benefit. Check with the plans for specific coverage limitations.

You also can view your benefits in the Summary of Benefits and Coverage at www.wvpeia.com. Call 1-877-676-5573

Benefit Description	Health Plan HMO Plan A	Health Plan HMO Plan B	Health Plan PPO (in & out of network)	PEIA PPB Plans A & B	PEIA PPB Plans In-Network	PEIA PPB Plans A & B	PEIA PPB Plans Out-of-Network	PEIA PPB Plan C	PEIA PPB Plan D WV-Only Plan
Physical therapy*	Visits 1-20: \$40 copay/visit. Visits 21+: 50% coinsurance/visit after deductible	Visits 1-20: \$40 copay/visit. Visits 21+: 50% coinsurance/visit after deductible	In: visits 1-20: \$40 copay/visit. Visits 21+: deductible +50% Out: Deductible + 40%	In WV: First 20 visits: \$10 copay + deductible + 20%. Visits over 20, if precertified: \$25 copay + deductible + 20% coinsurance OOSNA: copays shown above + 2x deductible + 40%	NOT COVERED unless approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	First 20 visits: \$10 copay + deductible + 20%. Visits over 20, if precertified: \$25 copay + deductible + 20% coinsurance	
Speech therapy*	Visits 1-20: \$40 copay/visit. Visits 21+: 50% coinsurance/visit after deductible	Visits 1-20: \$40 copay/visit. Visits 21+: 50% coinsurance/visit after deductible	In: visits 1-20: \$40 copay/visit. Visits 21+: deductible +50% Out: Deductible + 40%	In WV: First 20 visits: \$10 copay + deductible + 20%. Visits over 20, if precertified: \$25 copay + deductible + 20% coinsurance OOSNA: copays shown above + 2x deductible + 40%	NOT COVERED unless approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	First 20 visits: \$10 copay + deductible + 20%. Visits over 20, if precertified: \$25 copay + deductible + 20% coinsurance	
ALL OTHER MEDICAL SERVICES									
Allergy testing and treatment	\$40 copay/visit after deductible		In: Deductible + \$40 copay/visit Out: Deductible + 40%	In WV: deductible + 20% OOSNA: 2x deductible + 40%	NOT COVERED unless approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20%
Bariatric surgery	Not covered	Not covered	Not covered	In WV: \$500 copay + deductible + 20% coinsurance OOSNA: \$500 copay \$ 2x deductible + 40%	NOT COVERED unless approved in advance by HealthSmart.	\$500 copay + deductible + 20% coinsurance	\$500 copay + deductible + 20% coinsurance	\$500 copay + deductible + 20% coinsurance	\$500 copay + deductible + 20% coinsurance

* At least one plan has a limit on this benefit. Check with the plans for specific coverage limitations.

Benefit Description	Health Plan HMO Plan A	Health Plan HMO Plan B	Health Plan PPO (in & out of network)	PEIA PPB Plans A & B	PEIA PPB Plans A & B	PEIA PPB Plan C In-Network	PEIA PPB Plan C Out-of-Network	PEIA PPB Plan D WV-Only Plan
Cardiac Rehabilitation*	\$10 copay/visit after deductible	\$10 copay/visit after deductible	In: Deductible + \$10 copay/visit Out: Deductible + 40%	In WV: deductible + 20% OOSNA: 2x deductible + 40%	NOT COVERED unless approved in advance by HealthSmart.	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%
Dental services - accident related*	\$100 copay + 15% coinsurance after deductible	\$100 copay + 20% coinsurance after deductible	In: \$100 copay + deductible + 20% Out: Deductible + 40%	In WV: deductible + 20% OOSNA: 2x deductible + 40%	NOT COVERED unless approved in advance by HealthSmart.	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%
Dental services - other*	Not covered	Not covered	Not covered	Impacted teeth only. In WV: \$500 copay + deductible + 20% coinsurance	NOT COVERED unless approved in advance by HealthSmart.	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20% + amounts that exceed PEIA's fee schedule	Impacted teeth only: \$500 copay + deductible + 20%
Diabetic supplies*	\$0 copay; deductible waived	\$0 copay; deductible waived	In: Covered in full Out: Deductible + 40%	Covered under prescription drug plan	Covered under prescription drug plan	Covered under prescription drug plan	Covered under prescription drug plan	Covered under prescription drug plan
Dialysis	20% coinsurance/visit after deductible	20% coinsurance/visit after deductible	In: Deductible + 20% Out: Deductible + 40%	In WV: deductible + 20% OOSNA: 2x deductible + 40% [†]	NOT COVERED except in an emergency or if approved in advance by HealthSmart.	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%
Durable Medical Equipment (DME)*	30% coinsurance after deductible	30% coinsurance after deductible	In: Deductible + 30% Out: Deductible + 50%	In WV: deductible + 20% OOSNA: 2x deductible + 40% [†]	NOT COVERED unless approved in advance by HealthSmart.	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%
Emergency ambulance (medically necessary)	\$75 copay/transport after deductible	\$75 copay/transport after deductible	In: Deductible + \$75 copay/transport Out: Deductible + \$75 copay/transport	In WV: deductible + 20% OOSNA: 2x deductible + 40%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%; Out-of-Network Benefit Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%; Out-of-Network Benefit Deductible + 40% + amounts that exceed PEIA's fee schedule

* At least one plan has a limit on this benefit. Check with the plans for specific coverage limitations.

† Members living in West Virginia or in a contiguous county of a surrounding state also must pay a \$25 copay for each service if received outside of West Virginia.

You also can view your benefits in the Summary of Benefits and Coverage at www.wvpeia.com. Call 1-877-676-5573

Benefit Description	Health Plan HMO Plan A	Health Plan HMO Plan B	Health Plan PPO (in & out of network)	PEIA PPB Plans A & B	PEIA PPB Plans A & B	PEIA PPB Plans In-Network	PEIA PPB Plan C Out-of-Network	PEIA PPB Plan C	PEIA PPB Plan D WV-Only Plan
Emergency Room Treatment (Non-emergency)	Not covered	Not covered	Not covered	\$100 copay + deductible + 20% 5	NOT COVERED unless approved in advance by HealthSmart 5	Deductible + 20% 5	Deductible + 20% + amounts that exceed PEIA's fee schedule 5	\$100 copay + deductible + 20% 5	\$100 copay + deductible + 20%
Emergency services For PEIA PPB Plans: Additional \$50 copay for high-risk behaviors, including accidents while driving motorcycle or UTV/ATV without a helmet, DUI/DWI, drug-related accidents, and failure to wear seatbelts.	\$250 copay/visit (waived if admitted); deductible waived	\$250 copay/visit (waived if admitted); deductible waived	In: \$250 copay / visit (waived if admitted); deductible waived Out: \$250 copay/visit (waived if admitted); deductible waived	\$100 copay + deductible + 20% (copay waived if admitted) + amounts that exceed PEIA's fee schedule. (copay waived if admitted)	\$100 copay + deductible + 40% (copay waived if admitted) + amounts that exceed PEIA's fee schedule. (copay waived if admitted)	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	\$100 copay + deductible + 20% (copay waived if admitted) Out-of-Network Benefit: \$100 copay + deductible + 40% + amounts that exceed PEIA's fee schedule (copay waived if admitted)	\$100 copay + deductible + 20% (copay waived if admitted)
Growth hormone*	Rx benefit: 30% or \$300, whichever is less per specialty drug	Rx benefit: 30% or \$300, whichever is less per specialty drug Generic Only	In & Out: Rx benefit: 30% or \$300, whichever is less per specialty drug	Covered under specialty drug plan	Covered under specialty drug plan	Covered under specialty drug plan	Covered under specialty drug plan	Covered under specialty drug plan	Covered under specialty drug plan
Hearing exam	\$40 copay/visit; deductible waived	\$40 copay/visit; deductible waived	In: \$40 copay/visit; deductible waived Out: Deductible + 40%	Covered under well child benefit only	NOT COVERED unless approved in advance by HealthSmart.	Covered under well-child benefit only	Covered under well-child benefit only	Covered under well-child benefit only	Covered under well-child benefit
Home health services*	\$0 copay after deductible	\$0 copay after deductible	In: Covered in full after deductible Out: Deductible + 40%	In WV: deductible + 20% OOSNA: 2X deductible + 40%	NOT COVERED unless approved in advance by HealthSmart.	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20%
Home health supplies*	\$0 copay after deductible	\$0 copay after deductible	In: Covered in full after deductible Out: Deductible + 40%	In WV: deductible + 20% OOSNA: 2X deductible + 40%	NOT COVERED unless approved in advance by HealthSmart	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20%	Deductible + 20%

* At least one plan has a limit on this benefit. Check with the plans for specific coverage limitations.

† Members living in West Virginia or in a contiguous county of a surrounding state also must pay a \$25 copay for each service if received outside of West Virginia.

You also can view your benefits in the Summary of Benefits and Coverage at www.wvpeia.com. Call 1-877-676-5573

Benefit Description	Health Plan HMO Plan A	Health Plan HMO Plan B	Health Plan PPO (In & out of network)	PEIA PPB Plans A & B	PEIA PPB Plans Out-of-Network	PEIA PPB Plan C In-Network	PEIA PPB Plan C Out-of-Network	PEIA PPB Plan D WV-Only Plan
Hospice*	\$0 copay after deductible	\$0 copay after deductible	In: Covered in full after deductible Out: Deductible + 40%	In WV: deductible + 20% OOSNA: 2x deductible + 40%	NOT COVERED unless approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIAs fee schedule	Deductible + 20%
Infertility services* No prescription coverage under any plan	30% coinsurance/visit/injection after deductible (limitations apply)	30% coinsurance/visit/injection after deductible (limitations apply)	In: Deductible + 30% (limitations apply) Out: Deductible + 40% (limitations apply)	In WV: deductible + 20% OOSNA: 2x deductible + 40%	NOT COVERED unless approved in advance by HealthSmart.	Deductible + 20% #	Deductible + 20% # + amounts that exceed PEIAs fee schedule #	Deductible + 20%
Medical supplies*	30% coinsurance after deductible (limits may apply)	30% coinsurance after deductible (limits may apply)	In: Deductible + 30% (certain limits may apply) Out: Deductible + 50% (certain limits may apply)	In WV: deductible + 20% OOSNA: 2x deductible + 40%	NOT COVERED unless approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIAs fee schedule	Deductible + 20%
Podiatry*	\$40 copay/visit; deductible waived	\$40 copay/visit; deductible waived	In: \$40 copay/visit; deductible waived Out: Deductible + 40%	\$40 office visit copay; surgery - deductible + 20%	NOT COVERED unless approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIAs fee schedule	\$40 office visit copay; Surgery - deductible + 20%
Prosthetics*	30% coinsurance after deductible	30% coinsurance after deductible	In: Deductible + 30% Out: Deductible + 50%	In WV: deductible + 20% OOSNA: 2x deductible + 40%	NOT COVERED unless approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIAs fee schedule	Deductible + 20%
Pulmonary rehabilitation*	\$10 copay/visit after deductible	\$10 copay/visit after deductible	In: Deductible + \$10 copay/visit Out: Deductible + 40%	In WV: deductible + 20% OOSNA: 2x deductible + 40%	NOT COVERED unless approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIAs fee schedule	Deductible + 20%
Radiation and chemotherapy	20% coinsurance after deductible	20% coinsurance after deductible	In: Deductible + 20% Out: Deductible + 40%	In WV: deductible + 20% OOSNA: 2x deductible + 40%	NOT COVERED unless approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIAs fee schedule	Deductible + 20%

* At least one plan has a limit on this benefit. Check with the plans for specific coverage limitations.

You also can view your benefits in the Summary of Benefits and Coverage at www.wvpeia.com. Call 1-877-676-5573

Benefit Description	Health Plan HMO Plan A	Health Plan HMO Plan B	Health Plan PPO (In & out of network)	PEIA PPB Plans A & B	PEIA PPB Plans In-Network	PEIA PPB Plan C Out-of-Network	PEIA PPB Plan C	PEIA PPB Plan D WV-Only Plan
Transplants (non-experimental)*	\$100 copay + 15% coinsurance after deductible	\$100 copay + 20% coinsurance after deductible	In: \$100 copay + Deductible + 20% Out: Deductible + 40%	In WV: deductible + 20% OOSNA: 2x deductible + 40%; additional \$10,000 deductible	NOT COVERED	Deductible + 20% + amounts that exceed PEIAs fee schedule	Deductible + 20% + amounts that exceed PEIAs fee schedule	Deductible + 20%
Urgent Care	\$50 copay/incident; deductible waived	\$50 copay/incident; deductible waived	In: \$50 copay/ incident; deductible waived Out: \$50 copay/incident; deductible waived	In WV: \$50 copay OOSNA: 2x deductible + 40%	NOT COVERED unless approved in advance by HealthSmart.	Deductible + 20% + amounts that exceed PEIAs fee schedule	\$50 copay	\$50 copay
Prescription Benefits								
Deductible	None	None	None	Plan A: \$75 individual/ \$150 family Plan B \$150 individual/ \$300 family	Plan A: \$75 individual/ \$150 family Plan B \$150 individual/ \$300 family	\$1,300 employee only/ \$2,600 family, combined medical and prescription deductible. Preventive Drug List covered without deductible	\$1,300 employee only/ \$2,600 family, combined medical and prescription deductible. Preventive Drug List covered without deductible	\$75 individual/ \$150 family
Annual Out-of-Pocket Maximum	Included in Medical out-of-pocket maximum	Included in Medical out-of-pocket maximum	Included in Medical out-of-pocket maximum	\$1,750 individual/ \$3,500 family	\$1,750 individual/ \$3,500 family	\$2,500 employee only/\$5,000 family, combined medical and prescription out-of-pocket maximum	None Member will always pay the prescription drug copayments. There is no out-of-pocket maximum for out-of-network services.	\$1,750 individual/ \$3,500 family

* At least one plan has a limit on this benefit. Check with the plans for specific coverage limitations.

Benefit Description	Health Plan HMO Plan A	Health Plan HMO Plan B	Health Plan PPO (in & out of network)	PEIA PPB Plans A & B	PEIA PPB Plans In-Network	PEIA PPB Plans A & B	PEIA PPB Plans Out-of-Network	PEIA PPB Plan C	PEIA PPB Plan D WV-Only Plan
Generic Copayment	\$10 copayment	\$10 copayment	In & Out: \$10 copay	\$10	\$10 PEIA will reimburse CVS Caremark's allowed amount, less any member responsibility	\$10 PEIA will reimburse CVS Caremark's allowed amount, less any member responsibility	\$10 after deductible, unless on Preventive Drug List. PEIA will reimburse CVS Caremark's allowed amount, less any member responsibility	\$10 after deductible, unless on Preventive Drug List. PEIA will reimburse CVS Caremark's allowed amount, less any member responsibility	\$10
Formulary Brand	50% coinsurance if generic is NOT available.	Not covered	In & Out: 50% coinsurance if generic is NOT available	Plan A: \$25 Plan B: \$30	Plan A: \$25 Plan B: \$30 PEIA will reimburse CVS Caremark's allowed amount, less any member responsibility	Plan A: \$25 Plan B: \$30 PEIA will reimburse CVS Caremark's allowed amount, less any member responsibility	\$25 after deductible. No deductible for drugs on Preventive Drug List	\$25 after deductible, unless on Preventive Drug List. PEIA will reimburse CVS Caremark's allowed amount, less any member responsibility	\$25
Non-Formulary	Not covered	Not covered	Not covered	75% coinsurance	75% coinsurance PEIA will reimburse CVS Caremark's allowed amount, less any member responsibility	75% coinsurance PEIA will reimburse CVS Caremark's allowed amount, less any member responsibility	75% coinsurance after deductible, No deductible for drugs on Preventive Drug List	75% coinsurance after deductible, unless on Preventive Drug List. PEIA will reimburse CVS Caremark's allowed amount, less any member responsibility	75% coinsurance
Specialty Medicines	30% coinsurance or \$300, whichever is less per specialty drug	30% coinsurance or \$300, whichever is less per GENERIC specialty drug	In & Out: Specialty drugs or \$300, whichever is less per GENERIC specialty drug	\$50 preferred; \$100 non-preferred after deductible; Specialty drugs covered under the medical benefit plan require payment of deductible and 20% coinsurance.	Not covered	\$50 preferred; \$100 non-preferred after deductible; Specialty drugs covered under the medical benefit plan require payment of deductible and 20% coinsurance.	Not covered	\$50 preferred; \$100 non-preferred after deductible; Specialty drugs covered under the medical benefit plan require payment of deductible and 20% coinsurance.	\$50 preferred; \$100 non-preferred after deductible; Specialty drugs covered under the medical benefit plan require payment of deductible and 20% coinsurance.

* At least one plan has a limit on this benefit. Check with the plans for specific coverage limitations.

You also can view your benefits in the Summary of Benefits and Coverage at www.wvpeia.com. Call 1-877-676-5573

Benefit Description	Health Plan HMO Plan A	Health Plan HMO Plan B	Health Plan PPO (in & out of network)	PEIA PPB Plans A & B	PEIA PPB Plans In-Network	PEIA PPB Plan C A & B	PEIA PPB Plan C Out-of-Network	PEIA PPB Plan D WV-Only Plan
Maintenance Medication discount program details	90-day supply mail order; \$20 copay or 50% coinsurance	90-day supply; \$20 copayment Generic ONLY	In & Out: 90-day supply mail order; \$20 copay or 50% coinsurance	90-day supply for two months' copay for generic and preferred brand drugs on PEIA's Maintenance Drug List. No discount for non-preferred brand name drugs	90-day supply for two months' copay after deductible for generic and preferred brand drugs on PEIA's Maintenance Drug List. No discount for non-preferred brand name drugs.	No discount	No discount	90-day supply for two months' copay for generic and preferred brand drugs on PEIA's Maintenance Drug List. No discount for non-preferred brand name drugs
Family Planning	Contraceptive injections, IUD, diaphragms and sterilization (women) covered in full under medical benefit; oral contraceptives – covered in full under Rx benefit per health care reform	Contraceptive injections, IUD, diaphragms and sterilization (women) covered in full under medical benefit; oral contraceptives – covered in full under Rx benefit per health care reform	Contraceptive injections, IUD diaphragms and sterilization (women) covered in full under medical benefit; oral contraceptives – covered in full under Rx benefit per health care reform	Generic oral contraceptives are covered in full per health care reform; Mirena IUD covered in full	Generic oral contraceptives are covered in full per health care reform; Mirena IUD covered in full	Generic oral contraceptives are covered in full per health care reform; Mirena IUD covered in full	Generic oral contraceptives are covered in full per health care reform; Mirena IUD covered in full	Generic oral contraceptives are covered in full per health care reform; Mirena IUD covered in full

Monthly Premiums: Employee Only

The premiums listed here are for employees of State agencies, colleges and universities and county boards of education with no enrolled dependents. Premiums are based on the employee's annual salary. The premiums listed here are charged monthly. For PEIA PPB Plans A and B, the out-of-network deductible and out-of-pocket maximum amounts are double the in-network amounts listed below. PEIA offers a Tobacco-free Premium Discount of \$25 per month to policyholders who are tobacco-free. To report a change in your tobacco status, call PEIA's Open Enrollment Helpline or go to www.wvpeia.com and click on "Manage My Benefits".

Employee Only	Health Plan A Health Plan B Health Plan C PEIA PPB Plan A Annual Deductible PEIA PPB Plan B Annual Deductible (not salary-based) PEIA PPB Plan C Premium Maximum Out-of-Pocket Annual Deductible PEIA PPB Plan D Annual Deductible PEIA PPB Plan E Premium Maximum Out-of-Pocket Annual Deductible PEIA PPB Plan F Premium Maximum Out-of-Pocket Annual Deductible PEIA PPB Plan G Premium Maximum Out-of-Pocket Annual Deductible PEIA PPB Plan H Premium Maximum Out-of-Pocket Annual Deductible PEIA PPB Plan I Premium Maximum Out-of-Pocket Annual Deductible PEIA PPB Plan J Premium Maximum Out-of-Pocket Annual Deductible PEIA PPB Plan K Premium Maximum Out-of-Pocket Annual Deductible PEIA PPB Plan L Premium Maximum Out-of-Pocket Annual Deductible PEIA PPB Plan M Premium Maximum Out-of-Pocket Annual Deductible PEIA PPB Plan N Premium Maximum Out-of-Pocket Annual Deductible PEIA PPB Plan O Premium Maximum Out-of-Pocket Annual Deductible PEIA PPB Plan P Premium Maximum Out-of-Pocket Annual Deductible PEIA PPB Plan Q Premium Maximum Out-of-Pocket Annual Deductible PEIA PPB Plan R Premium Maximum Out-of-Pocket Annual Deductible PEIA PPB Plan S Premium Maximum Out-of-Pocket Annual Deductible PEIA PPB Plan T Premium Maximum Out-of-Pocket Annual Deductible PEIA PPB Plan U Premium Maximum Out-of-Pocket Annual Deductible PEIA PPB Plan V Premium Maximum Out-of-Pocket Annual Deductible PEIA PPB Plan W Premium Maximum Out-of-Pocket Annual Deductible PEIA PPB Plan X Premium Maximum Out-of-Pocket Annual Deductible PEIA PPB Plan Y Premium Maximum Out-of-Pocket Annual Deductible PEIA PPB Plan Z Premium Maximum Out-of-Pocket Annual Deductible									
\$0 - \$20,000	\$98	\$47	\$59	\$63	\$125	\$800	\$44	\$525	\$2,000	\$85
\$20,001 - \$30,000	\$115	\$52	\$64	\$80	\$175	\$1,100	\$50	\$525	\$2,000	
\$30,001 - \$36,000	\$122	\$55	\$67	\$87	\$225	\$1,250	\$53	\$525	\$2,000	
\$36,001 - \$42,000	\$128	\$57	\$69	\$93	\$250	\$1,500	\$55	\$525	\$2,000	
\$42,001 - \$50,000	\$143	\$63	\$75	\$108	\$275	\$1,750	\$61	\$1,025	\$2,000	
\$50,001 - \$62,500	\$166	\$73	\$85	\$131	\$400	\$1,800	\$71	\$1,025	\$2,000	
\$62,501 - \$75,000	\$180	\$80	\$92	\$145	\$425	\$1,850	\$78	\$1,025	\$2,000	
\$75,001 - \$100,000	\$209	\$92	\$104	\$174	\$450	\$1,900	\$90	\$1,025	\$2,000	
\$100,001 - \$125,000	\$252	\$130	\$142	\$217	\$525	\$2,000	\$127	\$1,025	\$2,000	
\$125,001 +	\$282	\$152	\$164	\$247	\$625	\$2,250	\$150	\$1,025	\$2,000	
										\$184
										\$525
										\$2,000
										\$211
										\$625
										\$2,250
										\$148
										\$450
										\$1,900
										\$123
										\$425
										\$1,850

Monthly Premiums: Employee and Child(ren)

The premiums on this page are for employees of State agencies, colleges and universities and county board of education who have only one adult and dependent children) on their policy. The premiums are based on the employee's annual salary. The premiums listed here are charged monthly. For PEIA PPB Plans A and B, the out-of-network deductible and out-of-pocket maximum amounts are double the in-network amounts listed below. PEIA offers a Tobacco-free Premium Discount of \$50 per month to Employee and Child(ren) policyholders when all enrolled family members are tobacco-free. To report a change in your tobacco status, call PEIA's Open Enrollment Helpline or go to www.wvpeia.com and click on "Manage My Benefits".

Employee and Child(ren)	Health Plan A	Health Plan B	PEIA PPB Plan A Premium	PEIA PPB Plan A Annual Deductible	PEIA PPB Plan A Out-of-Pocket Maximum	PEIA PPB Plan B Premium	PEIA PPB Plan B Annual Deductible	PEIA PPB Plan B Out-of-Pocket Maximum	PEIA PPB Plan C Premium (not salary-based)	PEIA PPB Plan C Annual Deductible	PEIA PPB Plan C Out-of-Pocket Maximum	PEIA PPB Plan D Premium	PEIA PPB Plan D Annual Deductible	PEIA PPB Plan D Out-of-Pocket Maximum	PEIA PPB Plan D Premium	PEIA PPB Plan D Annual Deductible	PEIA PPB Plan D Out-of-Pocket Maximum		
\$0 - \$20,000	\$190	\$79	\$92	\$126	\$250	\$1,600	\$74	\$1,050	\$4,000	\$182	\$2,600	\$5,000	\$105	\$250	\$1,600	\$125	\$350	\$2,200	
\$20,001 - \$30,000	\$214	\$89	\$102	\$150	\$350	\$2,200	\$83	\$1,050	\$4,000								\$133	\$450	\$2,500
\$30,001 - \$36,000	\$223	\$92	\$105	\$159	\$450	\$2,500	\$87	\$1,050	\$4,000								\$144	\$500	\$3,000
\$36,001 - \$42,000	\$236	\$96	\$109	\$172	\$500	\$3,000	\$91	\$1,050	\$4,000								\$173	\$550	\$3,500
\$42,001 - \$50,000	\$270	\$118	\$131	\$206	\$550	\$3,500	\$113	\$1,550	\$4,000								\$209	\$800	\$3,600
\$50,001 - \$62,500	\$312	\$151	\$164	\$248	\$800	\$3,600	\$146	\$1,550	\$4,000								\$236	\$850	\$3,700
\$62,501 - \$75,000	\$344	\$171	\$184	\$280	\$850	\$3,700	\$166	\$1,550	\$4,000								\$290	\$900	\$3,800
\$75,001 - \$100,000	\$407	\$214	\$227	\$343	\$900	\$3,800	\$208	\$1,550	\$4,000								\$344	\$1,050	\$4,000
\$100,001 - \$125,000	\$470	\$267	\$280	\$406	\$1,050	\$4,000	\$262	\$1,550	\$4,000								\$393	\$1,250	\$4,500
\$125,001 +	\$527	\$307	\$320	\$463	\$1,250	\$4,500	\$302	\$1,550	\$4,000										

Monthly Premiums: Family

The premiums on this page are for employees of State agencies, colleges and universities and county board of education. The premiums are based on the employee's annual salary. The premiums listed here are charged monthly. For PEIA PPB Plans A and B, the out-of-network deductible and out-of-pocket maximum amounts are double the in-network amounts listed below. PEIA offers a Tobacco-free Premium Discount of \$50 per month to family policyholders when all enrolled family members are tobacco-free. To report a change in your tobacco status, call PEIA's Open Enrollment Helpline or go to www.wvpeia.com and click on "Manage My Benefits".

Family	Health Plan A Health Plan B PPO	PEIA PPB Plan A Premium Annual Deductible	PEIA PPB Plan A Out-of-Pocket Maximum	PEIA PPB Plan B Premium Annual Deductible	PEIA PPB Plan B Out-of-Pocket Maximum	PEIA PPB Plan C Premium (not salary-based) (not salary-based)	PEIA PPB Plan C Out-of-Pocket Maximum	PEIA PPB Plan D Premium Annual Deductible	PEIA PPB Plan D Out-of-Pocket Maximum	PEIA PPB Plan E Premium Annual Deductible	PEIA PPB Plan E Out-of-Pocket Maximum
\$0 - \$20,000	\$247	\$163	\$182	\$183	\$250	\$1,600	\$118	\$1,050	\$4,000	\$304	\$2,600
\$20,001 - \$30,000	\$296	\$190	\$209	\$232	\$350	\$2,200	\$145	\$1,050	\$4,000	\$350	\$350
\$30,001 - \$36,000	\$323	\$204	\$223	\$259	\$450	\$2,500	\$159	\$1,050	\$4,000	\$213	\$450
\$36,001 - \$42,000	\$352	\$220	\$239	\$288	\$500	\$3,000	\$175	\$1,050	\$4,000	\$237	\$500
\$42,001 - \$50,000	\$402	\$253	\$272	\$338	\$550	\$3,500	\$207	\$1,550	\$4,000	\$280	\$550
\$50,001 - \$62,500	\$469	\$296	\$315	\$405	\$800	\$3,600	\$251	\$1,550	\$4,000	\$338	\$800
\$62,501 - \$75,000	\$502	\$320	\$339	\$438	\$850	\$3,700	\$275	\$1,550	\$4,000	\$366	\$850
\$75,001 - \$100,000	\$587	\$389	\$408	\$523	\$900	\$3,800	\$343	\$1,550	\$4,000	\$439	\$900
\$100,001 - \$125,000	\$704	\$476	\$495	\$640	\$1,050	\$4,000	\$431	\$1,550	\$4,000	\$539	\$1,050
\$125,001 +	\$804	\$545	\$564	\$740	\$1,250	\$4,500	\$499	\$1,550	\$4,000	\$624	\$1,250

Monthly Premiums: Family with Employee Spouse

The premiums on this page are for employees of State agencies, colleges and universities and county board of education who are married to other benefit-eligible public employees. To qualify for these premiums, BOTH public employees must have Basic Life Insurance. The premiums are based on the average of the two employees' annual salaries. The premiums listed here are charged monthly. For PEIA PPB Plans A and B, the out-of-network deductible and out-of-pocket maximum amounts are double the in-network amounts listed below. PEIA offers a Tobacco-free Premium Discount of \$50 per month to family policyholders when all enrolled family members are tobacco-free. To report a change in your tobacco status, call PEIA's Open Enrollment Helpline or go to www.wvpeia.com and click on "Manage My Benefits".

Family with Employee Spouse	Health Plan A	Health Plan B	Health Plan PPO	PEIA PPB Plan A Premium	PEIA PPB Plan A Deductible	Annual Deductible	PEIA PPB Plan C (not salary-based)	PEIA PPB Plan C Deductible	Annual Deductible	PEIA PPB Plan C Out-of-Pocket Maximum	PEIA PPB Plan D Premium	PEIA PPB Plan D Deductible	Annual Deductible	PEIA PPB Plan D Out-of-Pocket Maximum	
\$0 - \$20,000	\$206	\$127	\$141	\$147	\$250	\$1,600	\$91	\$1,050	\$4,000	\$256	\$2,600	\$5,000	\$117	\$250	\$1,600
\$20,001 - \$30,000	\$243	\$144	\$158	\$184	\$350	\$2,200	\$108	\$1,050	\$4,000				\$149	\$350	\$2,200
\$30,001 - \$36,000	\$266	\$159	\$173	\$207	\$450	\$2,500	\$123	\$1,050	\$4,000				\$168	\$450	\$2,500
\$36,001 - \$42,000	\$285	\$168	\$182	\$226	\$500	\$3,000	\$133	\$1,050	\$4,000				\$185	\$550	\$3,000
\$42,001 - \$50,000	\$327	\$190	\$204	\$268	\$550	\$3,500	\$155	\$1,550	\$4,000				\$220	\$550	\$3,500
\$50,001 - \$62,500	\$381	\$224	\$238	\$322	\$800	\$3,600	\$189	\$1,550	\$4,000				\$267	\$800	\$3,600
\$62,501 - \$75,000	\$421	\$255	\$269	\$362	\$850	\$3,700	\$219	\$1,550	\$4,000				\$301	\$850	\$3,700
\$75,001 - \$100,000	\$515	\$330	\$344	\$456	\$900	\$3,800	\$295	\$1,550	\$4,000				\$381	\$900	\$3,800
\$100,001 - \$125,000	\$633	\$418	\$432	\$574	\$1,050	\$4,000	\$383	\$1,550	\$4,000				\$482	\$1,050	\$4,000
\$125,001 +	\$721	\$487	\$501	\$662	\$1,250	\$4,500	\$451	\$1,550	\$4,000				\$558	\$1,250	\$4,500

Non-State Agencies: PEIA PPB Plans

Non-State agencies are counties, cities, towns, and other government bodies and agencies that qualify for coverage under PEIA pursuant to the West Virginia Code. By law, these agencies determine how much of the total monthly PEIA premium will be paid by their active employees. Employees should check with their employer to determine what their monthly employee contribution will be for the various plans and coverage types.

It is employee's option to choose PEIA PPB Plan A, B, C or D or any of the managed care plans available in your area, although your employer may choose to limit the amount paid toward the premium. Check with your benefit coordinator to see how much (if any) your employer will be paying toward the premium for the plan you've chosen. To enroll in one of the managed care plans, you must live in the plan's service area. Check the chart on page 5 to see if you qualify for the plan you're considering.

Non-State	PEIA PPB Plan A Premium Annual Deductible	PEIA PPB Plan B Premium Annual Deductible	PEIA PPB Plan C Premium Annual Deductible	PEIA PPB Plan D Premium Annual Deductible
Employee Only	\$622	\$393	\$409	\$515
Employee and Children	\$879	\$580	\$619	\$961
Family	\$1,456	\$969	\$1,012	\$1,068

Non-State	PEIA PPB Plan HMO Premium Plan A Premium	PEIA PPB Plan HMO Premium Plan B Premium	PEIA PPB Plan HMO Premium Plan C Premium	PEIA PPB Plan HMO Premium Plan D Premium
Employee Only	\$466	\$250	\$1,500	\$466
Employee and Children	\$500	\$3,000	\$444	\$1,050
Family	\$500	\$3,000	\$942	\$1,050

Deputy Sheriffs Early Retiree Premiums (ages 50-55)

Deputy sheriffs have the right to retire prior to attaining age 55 and continue their health benefits by paying the premiums designated for them in the Shopper's Guide each year. At the time of retirement, these retirees must continue coverage in the plan in which they were covered as active employees until the next open enrollment, when they can choose any plan for which they are eligible. Retiring employees enrolled in PEIA PPB Plans C or D must choose either PEIA PPB Plan A or B upon retirement, since Plans C and D are not offered to retirees. Deputy Sheriff early retirees are not eligible for extended employer-paid insurance upon retirement. These premiums are paid in full by the retiree.

PEIA offers Tobacco-free plan members a premium discount of \$25 off the premium for employee-only coverage or \$50 off the family premium. See details in the previous 2017 Shopper's Guide. To report a change in your tobacco status, call PEIA's Open Enrollment Helpline or go to www.wvpeia.com and click on "Manage My Benefits".

The Health Plan A Monthly Premium	The Health Plan B Monthly Premium	The Health Plan C Monthly Premium	PEIA PPB Plan A Monthly Premium	PEIA PPB Plan B Monthly Premium
HMO Plan A Monthly Premium \$691	HMO Plan B Monthly Premium \$906	HMO Plan C Monthly Premium \$555	PEIA PPB Plan A Monthly Premium \$250	PEIA PPB Plan B Monthly Premium \$1,500
Family	\$1,284	\$1,749	\$1,350	\$500

State-funded Elected Officials' Premiums

PEIA PPB Plans A, B and C have an unlimited in-network service area. PEIA PPB Plan D is limited to WV residents only, and covers only services provided within WV. The chart below details the premiums, deductibles and out-of-pocket maximums for the PPB plan options. Remember that the out-of-network deductible and out-of-pocket maximum amounts are double the in-network amounts listed in the charts, and are only applicable when the services are approved in advance by HealthSmart. Unapproved non-network, out of state care is not covered.

State-Funded Elected Officials	Health Plan A HMO		Health Plan B HMO		Health Plan PPO		PEIA PPB Plan A		PEIA PPB Plan B		PEIA PPB Plan C		PEIA PPB Plan G		PEIA PPB Plan D		PEIA PPB Plan D Out-of-Pocket Maximum	
	Premium	Annual Deductible	Premium	Annual Deductible	Premium	Annual Deductible	Premium	Annual Deductible	Premium	Annual Deductible	Premium	Annual Deductible	Premium	Annual Deductible	Premium	Annual Deductible	Premium	Annual Deductible
Employee Only	\$590	\$519	\$521	\$555	\$250	\$1,500	\$413	\$525	\$2,000	\$454	\$1,300	\$2,500	\$477	\$250	\$1,500	\$477	\$250	\$1,500
Employee and Children	\$811	\$671	\$676	\$747	\$500	\$3,000	\$541	\$1,050	\$4,000	\$646	\$2,600	\$5,000	\$645	\$500	\$3,000	\$645	\$500	\$3,000
Family	\$1,292	\$1,160	\$1,162	\$1,228	\$500	\$3,000	\$906	\$1,050	\$4,000	\$1,058	\$2,600	\$5,000	\$1,052	\$500	\$3,000	\$1,052	\$500	\$3,000
Family with Employee Spouse	\$1,225	\$1,108	\$1,105	\$1,166	\$500	\$3,000	\$864	\$1,050	\$4,000	\$1,010	\$2,600	\$5,000	\$1,000	\$500	\$3,000	\$1,000	\$500	\$3,000

PEIA offers Tobacco-free plan members a premium discount of \$25 off the premium for employee-only coverage or \$50 off the family premium. See details in the previous 2017 Shopper's Guide. To report a change in your tobacco status, call PEIA's Open Enrollment Helpline or go to www.wvpeia.com and click on "Manage My Benefits".

Non-Medicare PEIA PPB Plan Premiums

These premiums are offered to retired policyholders who are not yet eligible for Medicare. PEIA offers Tobacco-free plan members a premium discount of \$25 off the premium for employee-only coverage or \$50 off the family premium. See details in the previous 2017 Shopper's Guide. To report a change in your tobacco status, call PEIA's Open Enrollment Helpline or go to www.wvpeia.com and click on "Manage My Benefits". If you are using accrued leave, 100% or 50% of these premiums is being paid by your former employer.

Premiums, Deductibles and Out-of-Pocket Maximums

PPB	Non-Medicare Retired Policyholder Only (Plan A)			Non-Medicare Retired Policyholder with non-Medicare Dependents (Plan B)			Non-Medicare Retired Policyholder with Medicare Dependents (Plan A) ¹			Non-Medicare Retired Policyholder with Medicare Dependents (Plan B)		
	Monthly Premium	Annual Deductible	Out-of-Pocket Maximum	Monthly Premium	Annual Deductible	Out-of-Pocket Maximum	Monthly Premium	Annual Deductible	Out-of-Pocket Maximum	Monthly Premium	Annual Deductible	Out-of-Pocket Maximum
Unsubsidized Premium ³	\$1,115	\$425	\$1,500	\$1,033	\$825	\$3,000	\$2,654	\$850	\$3,000	\$2,457	\$1,650	\$3,000
5-9 years	\$893	\$425	\$1,500	\$828	\$825	\$3,000	\$2,124	\$850	\$3,000	\$1,967	\$1,650	\$3,000
10-14 years	\$689	\$425	\$1,500	\$638	\$825	\$3,000	\$1,601	\$850	\$3,000	\$1,482	\$1,650	\$3,000
15-19 years	\$482	\$425	\$1,500	\$447	\$825	\$3,000	\$1,081	\$850	\$3,000	\$1,001	\$1,650	\$3,000
20-24 years	\$360	\$425	\$1,500	\$334	\$825	\$3,000	\$768	\$850	\$3,000	\$712	\$1,650	\$3,000
25+ years ²	\$280	\$425	\$1,500	\$259	\$825	\$3,000	\$559	\$850	\$3,000	\$518	\$1,650	\$3,000

1. This rate assumes one person on Medicare. If you have more than one, subtract \$22 for each additional Medicare Member.

2. These rates are also provided to all non-Medicare retirees who retired prior to July 1, 1997, to all non-Medicare surviving dependents and to all non-Medicare disability retirees. Beginning July 1, 2015, surviving dependents enrolling in the PEIA plan pay premiums based on the years of service earned by the deceased policyholder. Those who enrolled before July 1, 2015, continue to pay premiums based on 25 or more years of service.

3. This premium rate is provided to all employees hired on or after July 1, 2010. This rate represents the full premium with no subsidy from active employers or employees. Two classes of employees hired on or after July 1, 2010, will not be required to pay the unsubsidized rate: a) Active employees who were originally hired before July 1, 2010, and who have a break in service of fewer than two years after July 1, 2010; and b) retired employees who retired before July 1, 2010, come back to active service after July 1, 2010, and then go back into retirement. In those cases, the original hire date will apply.

Please note that there are no Plan B premiums for Non-Medicare retiree with Medicare dependents because this coverage is not available.

Non-Medicare Retiree Managed Care Premiums

To enroll in The Health Plan, you must live in the plan's service area. Check the chart on page 5. The PEIA PPB Plan A's service area is unlimited, so you will not find it on the chart. PEIA offers Tobacco-free plan members a premium discount of \$25 off the premium for employee-only coverage or \$50 off the family premium. See details in the previous 2017 Shopper's Guide. To report a change in your tobacco status, call PEIA's Open Enrollment Helpline or go to www.wvpeia.com and click on "Manage My Benefits".

Years of Service	The Health Plan Plan A		The Health Plan Plan B		The Health Plan PPB	
	Single	Family	Single	Family	Single	Family
Unsubsidized Premium Hired after July 1, 2010 ²	\$1,153	\$2,185	\$872	\$1,626	\$922	\$1,709
5-9 Years	\$831	\$1,575	\$630	\$1,176	\$666	\$1,235
10-14 Years	\$726	\$1,376	\$551	\$1,029	\$582	\$1,080
15-19 Years	\$609	\$1,155	\$463	\$866	\$489	\$908
20-24 Years	\$512	\$971	\$390	\$730	\$412	\$765
25+ Years ¹	\$421	\$799	\$322	\$603	\$340	\$631

1. These rates are also provided to all non-Medicare retirees who retired prior to July 1, 1997, to all non-Medicare surviving dependents and to all non-Medicare disability retirees. Beginning July 1, 2015, surviving dependents enrolling in the PEIA plan pay premiums based on the years of service earned by the deceased policyholder. Those who enrolled before July 1, 2015, continue to pay premiums based on 25 or more years of service.

2. This premium rate is provided to all employees hired on or after July 1, 2010. This rate represents the full premium with no subsidy from active employers or employees. Two classes of employees hired on or after July 1, 2010, will not be required to pay the unsubsidized rate: a) Active employees who were originally hired before July 1, 2010, and who have a break in service of fewer than two years after July 1, 2010; and b) retired employees who retired before July 1, 2010, come back to active service after July 1, 2010, and then go back into retirement. In those cases, the original hire date will apply.

COBRA Rates for State Agencies, Colleges, Universities and County Board of Education

		Health Plan A	Health Plan B	Health Plan C	PEIA PPB Plan A Premium	PEIA PPB Plan A Out-of-Pocket Deductible	PEIA PPB Plan A Annual Deductible	PEIA PPB Plan A Maximum Premium	PEIA PPB Plan A Out-of-Pocket Deductible	PEIA PPB Plan B Premium	PEIA PPB Plan B Out-of-Pocket Deductible	PEIA PPB Plan B Annual Deductible	PEIA PPB Plan B Maximum Premium	PEIA PPB Plan B Out-of-Pocket Deductible	PEIA PPB Plan C Premium	PEIA PPB Plan C Out-of-Pocket Deductible	PEIA PPB Plan C Annual Deductible	PEIA PPB Plan C Maximum Premium	PEIA PPB Plan C Out-of-Pocket Deductible	PEIA PPB Plan D Premium	PEIA PPB Plan D Out-of-Pocket Deductible	PEIA PPB Plan D Annual Deductible	PEIA PPB Plan D Maximum Premium
Employee Only	\$602	\$511	\$531	\$566	\$250	\$1,500	\$421	\$525	\$2,000	\$463	\$1,300	\$2,500	\$487	\$250	\$1,500								
Employee and Children	\$827	\$690	\$762	\$700	\$3,000	\$552	\$1,050	\$659	\$2,600	\$658	\$5,000	\$658	\$5,000	\$500	\$3,000								
Family	\$1,318	\$1,150	\$1,185	\$1,253	\$500	\$3,000	\$924	\$1,050	\$4,000	\$1,079	\$2,600	\$5,000	\$1,073	\$500	\$3,000								
DISABILITY																							
Employee Only	\$885	\$752	\$782	\$833	\$250	\$1,500	\$620	\$525	\$2,000	\$681	\$1,300	\$2,500	\$716	\$250	\$1,500								
Employee and Children	\$1,217	\$980	\$1,014	\$1,121	\$500	\$3,000	\$812	\$1,050	\$4,000	\$969	\$2,600	\$5,000	\$968	\$500	\$3,000								
Family	\$1,938	\$1,691	\$1,743	\$1,842	\$500	\$3,000	\$1,359	\$1,050	\$4,000	\$1,587	\$2,600	\$5,000	\$1,578	\$500	\$3,000								

COBRA Rates for Non-State Agencies

		Health Plan A	Health Plan B	Health Plan C	PEIA PPB Plan A Premium	PEIA PPB Plan A Out-of-Pocket Deductible	PEIA PPB Plan A Annual Deductible	PEIA PPB Plan A Maximum Premium	PEIA PPB Plan B Premium	PEIA PPB Plan B Out-of-Pocket Deductible	PEIA PPB Plan B Annual Deductible	PEIA PPB Plan B Maximum Premium	PEIA PPB Plan C Premium	PEIA PPB Plan C Out-of-Pocket Deductible	PEIA PPB Plan C Annual Deductible	PEIA PPB Plan C Maximum Premium	PEIA PPB Plan D Premium	PEIA PPB Plan D Out-of-Pocket Deductible	PEIA PPB Plan D Annual Deductible	PEIA PPB Plan D Maximum Premium		
Employee Only	\$634	\$400	\$417	\$525	\$250	\$1,500	\$475	\$525	\$2,000	\$330	\$1,300	\$2,500	\$496	\$250	\$1,500							
Employee and Children	\$896	\$591	\$630	\$980	\$500	\$3,000	\$861	\$1,050	\$4,000	\$495	\$2,600	\$5,000	\$927	\$500	\$3,000							
Family	\$1,484	\$987	\$1,031	\$1,089	\$500	\$3,000	\$961	\$1,050	\$4,000	\$668	\$2,600	\$5,000	\$1,032	\$500	\$3,000							
DISABILITY																						
Employee Only	\$921	\$577	\$601	\$773	\$250	\$1,500	\$699	\$525	\$2,000	\$486	\$1,300	\$2,500	\$729	\$250	\$1,500							
Employee and Children	\$1,294	\$845	\$904	\$1,442	\$500	\$3,000	\$1,266	\$1,050	\$4,000	\$728	\$2,600	\$5,000	\$1,364	\$500	\$3,000							
Family	\$2,159	\$1,429	\$1,493	\$1,602	\$500	\$3,000	\$1,413	\$1,050	\$4,000	\$983	\$2,600	\$5,000	\$1,518	\$500	\$3,000							

Mountaineer Flexible Benefits

2017 Special Enrollment

This is a changes only enrollment. Any changes made during this special enrollment period will be retroactive to July 1, 2016. If you do not wish to make changes, you DO NOT need to complete the special enrollment form.

How To Enroll:

ACTIVE EMPLOYEES:

- If enrolling via a paper form, you must return your completed enrollment form to your benefits coordinator no later than July 15, 2016.
- You can also log in to www.myFBMC.com to make changes from July 5, 2016 through July 15, 2016.

RETIREES:

- You may access the form on PEIA's website. If you are unable to access the form you may contact FBMC Service Center.
- Retirees CANNOT use the enrollment form included in this Shopper's Guide.

Important Dates:

Special Enrollment Period dates:
July 1 - 15, 2016

Period of Coverage dates are:
July 1, 2016, through
June 30, 2017

Active Employees and Retirees:

You are eligible to make changes to all of your flexible benefits during the Special Enrollment period of July 1 - 15, 2016. Non-State agencies are excluded from this enrollment.

For this Special Enrollment, there are NO benefits or premium changes. All benefits and premiums will remain the same as they were during the initial Open Enrollment.

If you are interested in making changes during this Special Enrollment you can find the reference guide that contains benefit descriptions and premiums on PEIA's website.

Attention Boards of Education employees: The information about Mountaineer Flexible Benefits in this Shopper's Guide may not pertain to you. Not all county Boards of Education currently participate with the Mountaineer Flexible Benefits plan. Please contact your benefit coordinator if you are not sure if your county currently participates in the plan.

Attention Boards of Education Benefit Coordinators: If you would like more information about the benefits offered through Mountaineer Flexible Benefits, please contact FBMC Service Center at 1-844-55-WVA4U (1-844-559-8248), 7 a.m. - 8 p.m. ET, Monday through Friday.

Please Note: Benefit Coordinators should make a copy of all enrollment forms before submitting to keep for your records.

2017 SPECIAL ENROLLMENT

Plan Year 2017

July 1, 2016 - June 30, 2017

STATE OF WEST VIRGINIA

Mountaineer

Flexible Benefits

INSTRUCTIONS

1

DURING THE 2017 SPECIAL ENROLLMENT RETURN COMPLETED FORM TO YOUR BENEFITS COORDINATOR NO LATER THAN JULY 15, 2016.

WHO NEEDS TO COMPLETE AN ENROLLMENT FORM?

- New participants who want to enroll for the first time
- Employees who want to add, change or cancel coverage of other benefits
- **EXISTING BENEFITS NOT INDICATED ON THIS FORM WILL CONTINUE AS CURRENTLY ENROLLED.**

HOW TO ENROLL IN THE MOUNTAINEER FLEXIBLE BENEFITS PLAN:

- **IMPORTANT:** If you want to add, change or cancel coverage, **you must check the box beside the appropriate benefit** in Section 3. Indicate coverage levels and any other pertinent information.
- If you select family coverage for any benefit, you must provide dependent information in Section 4.

2

SOCIAL SECURITY #	E-MAIL	TYPE OF FORM		2017 SPECIAL ENROLLMENT	
LAST NAME		FIRST NAME		MI	
HOME ADDRESS (STREET)		CITY		STATE	ZIP
BIRTH DATE / /	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE	DATE EMPLOYED / /	EFFECTIVE DATE 7/1/16	OFFICE PHONE

3

Mountaineer Flexible Benefits Tax-Free Benefits Paid by Employees

(IF YOU ENROLL IN A HEALTH SAVINGS ACCOUNT, YOU CANNOT ENROLL IN A MEDICAL SPENDING ACCOUNT, BUT MAY ENROLL IN A LIMITED-USE MEDICAL SPENDING ACCOUNT.)

KEEP COVERAGE	ADD COVERAGE	CHANGE COVERAGE	CANCEL COVERAGE	BENEFITS				COST PER PAY PERIOD	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DELTA DENTAL <input type="checkbox"/> Routine <input type="checkbox"/> Assistance <input type="checkbox"/> Basic <input type="checkbox"/> Enhanced				<input type="checkbox"/> Employee Only <input type="checkbox"/> Employee & Spouse <input type="checkbox"/> Employee & Children <input type="checkbox"/> Employee & Family	If you select dependent coverage for dental, vision or hearing, you must complete the dependent information below.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VISION CHOOSE ONE VISION OPTION: <input type="checkbox"/> Exam Plus <input type="checkbox"/> Full Service				<input type="checkbox"/> Employee Only <input type="checkbox"/> Employee & Family	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EPIC HEARING SERVICE PLAN				<input type="checkbox"/> Employee Only <input type="checkbox"/> Employee & Spouse <input type="checkbox"/> Employee & Children <input type="checkbox"/> Employee & Family	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LONG-TERM DISABILITY INCOME PLAN Employee Only				<input type="checkbox"/> 50% of salary coverage <input type="checkbox"/> 70% of salary coverage	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SHORT-TERM DISABILITY INCOME PLAN Employee Only					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MEDICAL EXPENSE FLEXIBLE SPENDING ACCOUNT Use cost per-pay-period from your Worksheet. ALL CLAIMS MUST BE SUBMITTED BY OCTOBER 31, 2017.					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT Use cost per-pay-period from your Worksheet. <input type="checkbox"/> Married, filing separately <input type="checkbox"/> Married, filing jointly <input type="checkbox"/> Single, head of household ALL CLAIMS MUST BE SUBMITTED BY OCTOBER 31, 2017.					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LEGAL (POST-TAX)					

HEALTH SAVINGS ACCOUNT* (Additional forms required.)				LIMITED-USE MEDICAL EXPENSE FSA*	SUBTOTAL	COST PER PAY PERIOD	
KEEP COVERAGE	ADD COVERAGE	CHANGE COVERAGE	CANCEL COVERAGE	KEEP COVERAGE	ADD COVERAGE	CHANGE COVERAGE	CANCEL COVERAGE
Select your HSA coverage type:				* Must be enrolled in PEIA Plan C and also HSA effective 7/1/16.			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> Individual (\$3,350 maximum 2017 PY) <input type="checkbox"/> Family (\$6,750 maximum 2017 PY) <input type="checkbox"/> Over 55 Catch-up (additional maximum \$1,000)							
* Must be enrolled in PEIA Plan C effective 7/1/16.				HSA			
Box #1 2017 Plan Year Total Dollar Amount							
Box #2 Number of Pay Periods \div				Limited-Use Medical Expense FSA			
Box #3 Reduction Per Regular Pay Period $=$				SUBTOTAL			
				TOTAL SALARY DEDUCTION AMOUNT PER PAY PERIOD			

4

DEPENDENT INFORMATION

USE AN ADDITIONAL SHEET OF PAPER AS NEEDED FOR ADDITIONAL DEPENDENTS.

DEPENDENT NAME	RELATIONSHIP	Male/ Female	BIRTH DATE	SOCIAL SECURITY #	CHECK COVERAGE SELECTED			
					DENTAL	VISION	HEARING	LEGAL
	SPOUSE							

I hereby authorize my Employer to reduce my gross salary (before federal and state income and Social Security taxes are calculated) by the total per pay period cost of my Flexible Benefits. I understand that I CANNOT CHANGE THE AMOUNT OF THE REDUCTION OR REVOKE THIS AGREEMENT DURING THE PLAN YEAR UNLESS THERE IS A CHANGE IN STATUS AS DEFINED BY IRS RULES. I further understand that any amount remaining in my Flexible Spending Accounts that is not used during this plan year and grace period CANNOT BE ACCUMULATED AND CARRIED FORWARD TO THE NEXT PLAN YEAR BUT WILL REVERT TO THE PLAN.

The Premium Deduction "total salary deduction" amount specified above will continue in effect until I discontinue or modify my Agreement for a subsequent plan year, terminate employment, or take an unpaid leave of absence from employment. I UNDERSTAND AND AGREE THAT PEIA AND FBMC BENEFITS MANAGEMENT INC., THE CONTRACT ADMINISTRATOR, WILL BE HELD HARMLESS FROM ANY LIABILITY RESULTING FROM EITHER MY PARTICIPATION IN MOUNTAINEER FLEXIBLE BENEFITS OR MY FAILURE TO SIGN OR ACCURATELY COMPLETE THIS ENROLLMENT FORM. I hereby appoint my Plan Sponsor to serve as Agent to receive dividends, premiums, refunds, rate reductions, any other funds that might be returned from the benefit plans, and to use these funds in the best interest of the employees for the purpose of reducing future premiums and improving benefits on behalf of employees, defraying administrative costs, or for such other purpose as permitted under applicable state and federal law.

FOR THE 2017 SPECIAL ENROLLMENT TURN COMPLETED FORMS INTO YOUR BENEFITS COORDINATOR NO LATER THAN JULY 15, 2016.

FOR BENEFITS COORDINATOR USE ONLY (COMPLETE IN FULL)

FEIN# _____

AGENCY NAME _____

4 DIGIT WORK LOCATION # _____ EFFECTIVE DATE 7/1/16

NO. PAY DEDUCTIONS _____

GROSS ANNUAL SALARY _____

BENEFIT COORDINATOR SIGNATURE _____

BENEFIT COORDINATOR PHONE# () _____

BENEFIT COORDINATOR FAX# () _____

LOCATION TYPE: STATE AGENCIES UNIVERSITIES & COLLEGES

COUNTY BOARDS OF EDUCATION

ENROLLMENT FORMS MUST BE MAILED TO FBMC AND POSTMARKED BY JULY 20, 2016.

EMPLOYEE SIGNATURE	DATE SIGNED	TIME SIGNED
--------------------	-------------	-------------



Special Enrollment Transfer Form Instructions

To make Special Enrollment period benefit changes, use this paper form and a pen with blue or black ink and follow these steps:

- 1) Print the policyholder's information at the top of the form. Complete all of the demographic information clearly and legibly or your form cannot be processed!
- 2) **Complete the tobacco affidavit only if your tobacco status has changed.** Remember that being "tobacco-free" means that a person does not use any form of tobacco. You and your enrolled dependents must have been tobacco-free by January 1, 2016, to get the discount for the full plan year. There are no discounts for basic or dependent life insurance.
 - Complete the "Who Uses Tobacco" line:
 - Mark the "Policyholder" box if the policyholder uses or has used tobacco since the 1/1/16. If you mark this box, you will not get the tobacco-free premium discount for health coverage or optional life insurance.
 - Mark the "Policyholder" and "Dependent" boxes if the policyholder and any enrolled dependent(s) use or have used tobacco since 1/1/16. If you mark this box, you will not get the tobacco-free premium discount for health coverage or optional life insurance.
 - If the policyholder is tobacco-free, but enrolled family members use tobacco, mark the "Dependent" box on the affidavit, but leave the "Policyholder" box blank. You will not get the tobacco-free premium discount for health coverage, but you will get a discount on your optional life insurance premium.
 - If the policyholder and all enrolled family members are tobacco-free, mark the "No Tobacco Users" box on the affidavit. You will receive the tobacco-free discount on your health and/or optional life insurance coverage.

- 3) Write in **all** of the requested information for any dependent you are adding on the form; it is **crucial** that you provide the Social Security Number (SSN) for each dependent. If you do not supply the SSN, PEIA may suspend coverage until it is received. When adding a dependent, you must supply documentation of that dependent's eligibility. PEIA cannot add dependents without the following documentation:

Dependent Being Added	Documentation Required
Spouse	Copy of valid marriage license or certificate
Biological Child	Copy of child's birth certificate
Adopted Child	Copy of adoption papers
Any other child who resides with the policyholder	Copy of court-ordered guardianship papers

- 4) If you need to remove a dependent, write in the dependent's full name, date of birth, and SSN, then draw a line through the information to note that the dependent should be removed.
- 5) Make your Plan Selection.
 - **If you DON'T want to change plans,** skip to the signature box at the bottom of the form. You will remain in your current plan for another year.
 - **If you want to change plans,** clearly mark the box beside the plan you want to join.
 - If joining a Health Plan HMO, complete the PCP Selection box on this form for each person listed. This is mandatory for HMOs, and voluntary for other plans. Sign and date the form at the bottom.
- 6) **If you want a copy of the transfer form for your records, please make one.** Take your completed form to your benefit coordinator **by July 15, 2016.** DO NOT mail the form directly to PEIA, unless you are a non-Medicare Retiree or a Surviving Dependent. The Agency Information at the bottom of the form must be completed by your benefit coordinator before it comes to PEIA.
 - * **Non-Medicare retirees and surviving dependents** return their forms to PEIA, 601 57th St SE, Suite 2, Charleston, WV 25304-2345.
 - * **COBRA enrollees** return their forms to HealthSmart COBRA Department, PO Box 2981, Charleston, WV 25332

Be sure you've studied all of the information in the Supplemental Shopper's Guide about the plan you're joining. Once you make a selection, it is binding for the entire plan year, unless you have a qualifying eligibility event or move outside the enrollment area of the plan you join.

If you have questions, call PEIA's Open Enrollment Helpline at 1-877-676-5573.

West Virginia Public Employees Insurance Agency
Plan Year 2017
◀ Special Enrollment Transfer Form ▶

Use this form to make changes in your coverage during the Special Enrollment period.

Demographic Information (This section must be completed in its entirety for your form to be processed):

Policyholder's Legal Name:	PEIA ID Number or Social Security Number
Address:	County of Residence
Address (continued)	Home Phone ()
City, State, Zip:	Work Phone ()
E-mail Address	

Tobacco Affidavit

Please mark which members of the family use tobacco and sign the affidavit. If none of the people enrolled on your coverage uses tobacco, you will receive any available discount on your health and life insurance premiums. Be sure to sign the bottom of the form.

Who uses tobacco: Policyholder Dependent (spouse and/or children) No Tobacco Users

Use this section to add or remove dependents in the boxes below. You must provide documentation to verify eligibility of any dependents you add.					
Legal Name (Last, First, MI) Use a separate sheet of paper for additional dependents	Relationship	Sex (M/F)	Birth Date	PEIA ID or Social Security Number	PCP (indicate physician name and/or number)
Dependent					

To select a different plan for Plan Year 2017 (effective July 1, 2016), indicate your selection clearly by checking the box beside the plan name:

1	The Health Plan HMO Plan A	4	PEIA PPB Plan A	6	PEIA PPB Plan C (High Deductible Health Plan)
2	The Health Plan HMO Plan B	5	PEIA PPB Plan B	7	PEIA PPB Plan D (WV ONLY plan)
3	The Health Plan PPO			8	Cancel health coverage. Keep life insurance only.

I certify that this information is correct, and agree that if this information changes, I will notify the plan of such change in writing. I acknowledge by signing this form that WVPEIA or its agents have access to my medical records to check my tobacco use status. I understand that providing false information on this form is illegal and that those who provide false information may be prosecuted. I hereby transfer my health coverage to the health care plan indicated above effective July 1, 2016 through June 30, 2017, and authorize payroll deduction for my contribution. I understand that PEIA may change the number of plans offered or the types, levels or costs of benefits. I hereby consent, for myself and my covered dependents, to the release to PEIA and to the plan I have selected of all medical and prescription drug information needed to process claims, determine coverage, review utilization, investigate complaints, assess quality of care, evaluate plan performance or any other process involved in my treatment, payment of claims or health care operations. I understand that this change is binding through June 30, 2017, unless there is a qualifying event.

Employee Signature

Date

Agency Information: To be completed by the benefit coordinator:

Agency Name	Account Number
Authorized Signature	Date



Public Employees Insurance Agency

601 57th Street, SE / Suite 2
Charleston, WV 25304-2345

PRSR STD
U.S. POSTAGE
PAID
CHARLESTON, WV
PERMIT NO. 55



JOIN PEIA!

WHO	WHY	PHONE	WEBSITE
PEIA	Answers to questions about the PEIA PPB Plans	877-676-5573 (toll-free)	www.wvpeia.com
The Health Plan HMO	Answers to questions about The Health Plan's Benefits	800-624-6961 (toll-free) or 740-695-3585	www.healthplan.org
Minnesota Life	Answers to questions about life insurance or to file a life insurance claim	800-203-9515 (toll-free)	
Mountaineer Flexible Benefits	Dental, vision, disability insurance, flexible spending accounts, etc.	844-559-8248 (toll-free)	www.myfbmc.com
PEIA Pathways to Wellness	Fitness, nutrition, stress management and lifestyle services		www.peiapathways.com